Slate Mailer	
Late Payment	Report

Type or print in ink	RECEIVED AND FILE PAYMENT REPORT					
Amounts may be rounded to whole dollars.	of the State of California	CALIFORNIA 498				
☐ Amendment No	OCT 2 1 2008	For Official Use Only				
Report No.	EBRA BOWEN	PA.				
STREET	ADDRESS		_			

		*	Amendn	nent No.	EBRA BOWEN	For Official Use Only
			Report No.	G08-PPM-04	cretary of State	PA
NAME OF SLATE MAILER ORGANIZATION				STREET ADDRESS		
Richeand Reform Democratic Club Slate						
AREA CODE/PHONE NUMBER OPTIONAL: FAXE-MAIL	Ľ	I.D. NUMBER		СПҮ		STATE ZIP CODE
(415) 517-2573		1312569		San Francisco CA,	94121	
ate Payment(s) Received From:				NAME OF CANDIDATE OR B.		SUPPORT
NAME		I.D. NUMBER (It appreads)			☐ OPPOSE
PACIFIC GAS & ELECTRIC CORPORATION				OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BALLOT		AMOUNT ATTRIBUTED
ADDRESS	_	STATE ZIP CODE	 0			\$
SAN CRADOCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-EN	VIELOVE	D (ii spalczble)		NAME OF CANDIDATE OR B	ALLOT MEASURE:	☐ SUPPORT ☐ OPPOSE
DATE RECEIVED: 10/20/2008 //	\$	3,000.00		OFFICE SOUGHT AND JURISDIC MEASURE'S JURISDICTION	CTION OF THE CANDIDATE/BALLOT	ANOUNT ATTRIBUTED
NAME OF CANDIDATE OR BALLOT MEASURE:		SUPPORT OPPOSE		NAME OF CANDIDATE OR B	ALLOT MEASURE:	SUPPORT OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BA MEASURE'S JURISDICTION SAM FRANCISCO	LLOT	\$ 3,000.00	_	OFFICE SOUGHT AND JURISDIC MEASURE'S JURISDICTION	CTION OF THE CANDIDATE/BALLOT	S
NAME OF CANDIDATE OR BALLOT MEASURE:		□ SUPPORT □ OPPOSE		NAME OF CANDIDATE OR B	ALLOT MEASURE:	☐ SUPPORT ☐ OPPOSE
	Poli	AMOUNT ATTRIBUTED TEAL Reform Division 853-5045	on	OFFICE SOUGHT AND JURISDI MEASURE'S JURISDICTION	CTION OF THE CANDIDATE/BALLOT	\$
OS.F. FAX OL.A. FAX OSF	Court	artment of Elections 5) 554-7344 hty Registrar/Recor)651-2548 CS Commission 10 151 - 3112			FPPC Toll-Free Helpline	e: 866/ASK·FPPC (866/275-3772

Slate Mailer	
Late Payment Report	

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Amounts may be rounded to whole dollars.

RE	CEIVED AND PIE	DER LATE PAYA	ENT REPOR
in the	office of the Secretary of sof the State of California		498
	OCT 2 1 2008	For Official U	se Only

,		,		or the State of California	FORM 490
			Amendment No.	OCT 2 1 2008	For Official Use Only
			Report NoCOB-PEN-06	DEBRA BOWEN	SP.
NAME OF SLATE HAILER ORGANIZATION			0.7051	Secretary of State	1044
Richmond Reform Democratic Club State			STREET ADDRESS		
AREA CODE/PHONE NULIBER OPTIONAL FAXE 1.1	AIL	I D. NUMBER	CITY		
(415) 517-2573		1312569			STATE ZIP CODE
ate Payment(s) Received From:			NAME OF CANDIDATE OR E	94121	
NAME				SALLO I MEASURE:	SUPPORT
COMMITTEE ON JOBS GOVERNMENT REFUND FUND		ID NUMBER (Factoration			OPPOSE
		982683	OFFICE SOUGHT AND JURISDI	CTION OF THE CANDIDATE/BALLOT	ANOUNT ATTRIBUTED
ADDRESS		STATE ZIP CODE	MEASURE'S JURISDICTION		\$
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF-	ANCISC	O. CA 94104	NAME OF CANDIDATE OR B	ALLOTHEADURE	
	ENIPLOY	ED (Happicstre)	The state of the s	MELOT MEASURE:	SUPPORT
DATE RECEIVED	AMOU	NT			☐ OPPOSE
10/21/2008	\$	8,000.00	OFFICE SOUGHT AND JURISDIC MEASURE'S JURISDICTION	CTION OF THE CANDIDATE/BALLOT	AMOUNT ATTRIBUTED
NAME OF CANDIDATE OR BALLOT MEASURE:	_				\$
MEASURE V		SUPPORT	NAME OF CANDIDATE OR B	ALLOT MEASURE:	
		OPPOSE			SUPPORT
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BA MEASURE'S JURISDICTION	ALLOT	AMOUNT ATTRIBUTED			☐ OPPOSE
SAN FRANCISCO		\$ 9,000.00	OFFICE SOUGHT AND JURISDIC MEASURE'S JURISDICTION	TION OF THE CANDIDATE/BALLOT	AMOUNT ATTRIBUTED
		9,000.00			\$
NAME OF CANDIDATE OR BALLOT MEASURE:		C suppose	NAME OF CANDIDATE OR B	411.4	· ·
		SUPPORT	OF CANDIDATE OR B	ALLOT MEASURE:	SUPPORT
		OPPOSE		ŕ	OPPOSE
OFFICE SOUGHT AND JURISDICTION OF THE CANDIDATE/BA MEASURE'S JURISDICTION	LOT	AMOUNT ATTRIBUTED	OFFICE SOUGHT AND		C OPPOSE
		\$	MEASURE'S JURISDICTION	TION OF THE CANDIDATE/BALLOT	AMOUNT ATTRIBUTED
		V s	OS Political Reform Division		\$
		, -	MA (910) 653-5045		
		Ąs	F. Department of Elections		
		Xi '	AX (415) 554-7344		
		A.	A. County Registrar/Recorder		

FAX (562)651-2548 X SF FAVICS CEMMISSIAN FAX (415) 252-3112

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

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DURKEE & ASSOCIATES

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Date Stan

OCT 2 1 2008

Slate Mailer Late Payment Report

Type of print in ink. Amounts my be rounded

	to whole dollars.	☐ Amendmer	nt No DEBR Secreta	A BOWEN State
NAME OF SLATE MAILER ORGANIZATION			STREET ADDRE	ESS
Voter Education Group			1212 S Victory	Blvd
AREA CODE/PHONE NUMBER OPTIONAL: FAX/E	-MAIL I.D. NUMBE	R 307734	CITY	
(818) 260-0669	1 2627		Burbank	
ate Payment(s) Received From:				
NAME	AND A CONTRACTOR			
DCM Properties				
ADDRESS		CITY		STATE
		Encinitas		CA 92023
OCCUPATION/EMPLOYER OR NAME OF BUSINESS IF SELF	-EMPLOYED (if applicable)			
DATE RECEIVED:			Washington, and the second of the second	AMOUNT
10/20/2008				\$ 3000.00
NAME OF CANDIDATE OR BALLOT MEASURE				ND JURISDICTION OF THE MEASURER'S JURISDICTION
	X SUPPORT			
		City Of	San Francisco	*
Proposition K	OPPOSE	DIŚT N		BAL NO K
	SUPPORT			
	OPPOSE	DIST N	0	BAL NO
	SUPPORT			
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